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CONFIRMATION NO. 7722

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10/597,901	04/23/2007 RULE	623	3734	089498.0500.US

APPLICANTS
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**** CONTINUING DATA *******
 This application is a 371 of PCT/US05/04532 02/14/2005
 which claims benefit of 60/544,009 02/12/2004 YES EC

**** FOREIGN APPLICATIONS ******* NO EC

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY **
 10/23/2007

Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	OH	8	42	6
Verified and Acknowledged	/ERIN L COLELLO/ Examiner's Signature				

ADDRESS
 ROETZEL AND ADDRESS
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TITLE
 Stent for Use in Cardiac, Cranial, and Other Arteries

FILING FEE RECEIVED 1215	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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